

Attorney Docket No.: PALM-3234.PSI



TRADERIE IIV	THE UNITED STA	AIES PAIENI A	AND I RADEMA	RK OFFICE			
Thereby certify that bearing First Class of deposit.	this transmittal of the below de Postage and addressed to the	scribed document is being d Commissioner for Patents P.	eposited with the United S O. Box 1450, Alexandria,	states Postal Service in an envelope VA 22313-1450, on the below date			
Date of 02/23 Deposit:	Name of Person Making the Deposit:	Julie Williams	Signature of the Person Making the Deposit:	Patientland			
In re Application	on of: Chung Liu			D;			
Application No	o.: 09/727 <b>,</b> 991	Ex	caminer: E. Chanti,	H.			
Filed: 11/30	/00	Ar	t Unit: 2157				
Confirmation N	No.: 6299						
	AND APPARATUS FOR	UPDATING APPPLI	CCATIONS ON A M	OBILE DEVICE VIA			
Commissioner P.O. Box 1450	)						
Alexandria, VA	A 22313-1450	AMENDMENT T	RANSMITTAL				
1. Transr	mitted herewith is an am	endment for this appl	ication				
( <u>20</u> Transmitt Other:	ed herewith is a respon sheets) ed herewith are ant is other than a small	sheets of substitu	for the above identif				
		Extension of	Term				
3. The pr	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.						
(a) [ ]	[ ] Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)						
	Extension [ ] one month [ ] two month [ ] three month [ ] four month [ ] five month	s \$4 ths \$1 is \$1 s \$2	20.00 20.00 350.00 ,020.00 ,590.00 2,160.00				
If an additional	extension of time is rec	quired, please conside	er this a petition the	refor.			
(b) [X]		e for the possibility that		ever, this conditional petition is dvertently overlooked the			

1 of 2

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## Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)								
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total			
Total Claims	27	- 27 =	0	x \$50.00	\$0.00			
Independent Claims	3	- 3 =	0	x \$200.00	\$0.00			
Multiple Dependent Claim Fee (one or more, first added by this \$360.00 amendment)								
Total Fees								

## **PAYMENT OF FEES**

- 5. The full fee due in connection with this communication is provided as follows:
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.

  A duplicate copy of this authorization is enclosed.
- [ ] A check in the amount of §
- [ ] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

## WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060 Customer No: 45548

Respectfully submitted,

Date: 23 Februs 2WS

Reg. No. 46,315